



Docket No.: A0870.70005US02
(PATENT)

Jpw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Kevin Collins et al.
Serial No.: 10/804,223
Confirmation No.: 6092
Filed: 3/19/2004
For: USE OF LACTOBACILLUS SALIVARIUS
Examiner: L. B. Lankford
Art Unit: 1651

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 12-17-07

Crena Pacheco
Crena Pacheco

CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please note that the Attorney Docket Number has been changed from P66877US2 to **A0870.70005US02**. Please reference **A0870.70005US02** on all future correspondence.

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 23/2825, under Order No. A0870.70005US02 from which the undersigned is authorized to draw.

Dated: December 17, 2007

Respectfully submitted,

By Patricia Granahan
Patricia Granahan
Registration No.: 32,227
WOLF, GREENFIELD & SACKS, P.C.
Federal Reserve Plaza
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
(617) 646-8000

DEC 20 2007

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/804,223-Conf. #6092
	Filing Date	03/19/2004
	First Named Inventor	John Kevin Collins
	Art Unit	1651
	Examiner Name	L. B. Lankford
	Attorney Docket Number	A0870.70005US02.

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: _____

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: _____

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patricia Granahan Wolf, Greenfield & Sacks, P.C.
---	---

Address 600 Atlantic Avenue

City Boston

Country US State MA Zip 02210

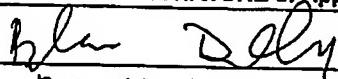
Telephone 617-646-8000 Email _____

I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Patricia Granahan		
Date	22 October 2007	Telephone	-153-1-80825#3

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.

Certificate of Mailing Under 37 CFR 1.8(a)

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Dated: 121707

Signature: 

1247127.1



PTO/SB/81 (01-06)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/804,223-Conf. #8092
Filing Date	03/19/2004
First Named Inventor	John Kevin Collins
Title	USE OF LACTOBACILLUS SALIVARIUS
Art Unit	1651
Examiner Name	L. B. Lankford
Attorney Docket No.	A0870.70005US02

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 23628

OR

 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patricia Granahan Wolf, Greenfield & Sacks, P.C.
---	---

Address 600 Atlantic Avenue

City Boston	State MA	Zip 02210
Country US	Telephone 617-646-8000	Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature Ble Dally	Date 22 October 2007
Name BRENDAN DALLY	Telephone 753-1-8082583
Title and Company SECRETARY, ENTERPRISE PARTNERS	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

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Dated: 12-17-07Signature: CenaPachece



PTO/SB/98 (04-07)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: John Kevin Collins, et al.Application No./Patent No.: 10/804.223 Filed/Issue Date: 03/19/2004Entitled: USE OF LACTOBACILLUS SALIVARIUS

Enterprise Ireland
(trading as BioResearch Ireland) , a agency established by Statute of the Republic of Ireland
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest, together with University College Cork-National University of Ireland, Cork; or
2. an assignee of less than the entire right, title and interest.

(The extent (by percentage) of its ownership interest is _____ %)

In the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 019774, Frame 0532, or for which a copy thereof is attached.

OR

B. A chain of title from the Inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

22 October 2007

Date

BRIAN DALLY

Printed or Typed Name

- 393- 1 - 8282583

Telephone Number

Authorized Signer for Assignee

Title

SECRETARY**Certificate of Mailing Under 37 CFR 1.8(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 12-17-07Signature: Cesar Pachoco



PTO/SB/82 (01-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/804,223-Conf. #6092
	Filing Date	03/19/2004
	First Named Inventor	John Kevin Collins
	Art Unit	1651
	Examiner Name	L. B. Lankford
	Attorney Docket Number	A0870.70005US02

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patricia Granahan Wolf, Greenfield & Sacks, P.C.		
Address	600 Atlantic Avenue		
City	Boston		
Country	US	State	MA
Telephone	617-646-8000	Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>M. Peter Kandy</i>		
Name	MICHAEL PETER KANDY		
Date	07/11/2007	Telephone	(353) 21 4903500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

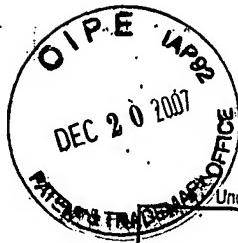
Total of 1 forms are submitted.

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Dated: 12-17-07

Signature: *Crena Pacheco*



PTO/SB/81 (01-06)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/804,223-Conf. #6092
Filing Date	03/19/2004
First Named Inventor	John Kevin Collins
Title	USE OF LACTOBACILLUS SALIVARIUS
Art Unit	1651
Examiner Name	L. B. Lankford
Attorney Docket No.	A0870.70005US02

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- Practitioners associated with the Customer Number: 23628
OR
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OR
 The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Patricia Granahan Wolf, Greenfield & Sacks, P.C.
---	---

Address 600 Atlantic Avenue

City Boston	State MA	Zip 02210
Country US	Telephone 617-646-8000	Email

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature M. Perez 11-1	Date 07/NOV/2007
Name M. P. Perez	Telephone 353 21 490 3500
Title and Company VICO-PRESIDENT FOR PATENTS, LLC	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Dated: 12-17-07

Signature: Cristina Pacheco



PTO/SB/06 (04-07)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: John Kevin Collins, et al.Application No./Patent No.: 10/804,223 Filed/Issue Date: 03/19/2004Entitled: USE OF LACTOBACILLUS SALIVARIUSUniversity College Cork-National University
of Ireland, Cork

, a

University

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest, together with Enterprise Ireland (Trading as Bioresearch Ireland); or
2. an assignee of less than the entire right, title and interest.

(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

- A. An assignment from the Inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 019774,
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2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

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(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

X m. pete r kennedy
Signature

X 07/19/2007
Date

X M. PETE R KENNEDY
Printed or Typed Name

X 353 21 490 350 0
Telephone Number

Authorized Signer for Assignee
Title

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Dated: 12-17-07Signature: Cristina Pacheco